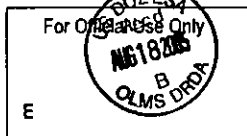


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



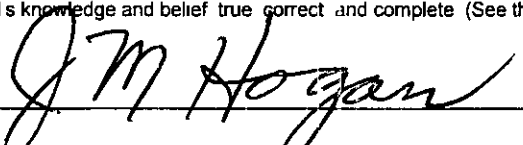
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 1296	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name James M Hogan P O Box Bldg Room No if any Street 6815 West Roosevelt Road City Berwyn State Illinois ZIP Code + 4 60402	4 Name file number and address of labor organization Name Teamsters Local Union No 714 Labor Organization File Number 006-375 P O Box Building and Room Number if any Street 6815 West Roosevelt Road City Berwyn State Illinois ZIP Code + 4 60402
5 Position in labor organization Union Administrator	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transaction (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed 	On 08/10/2005 Date	773-242 3215 Telephone Number

Name of Person Filing James Hogan	File Number U
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B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Local 714 IBT Legal Service Fund</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 6815 West Roosevelt Road</p> <p>City Berwyn</p> <p>State Illinois ZIP Code + 4 60402</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p>b Trust</p> <p>c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Labor Trustee for the Referenced Fund</p> <p>11 b Approximate dollar value of such dealing \$0</p> <p>12 a Nature of interest held or income received</p> <p>Various/2004 Reimbursement for Trustee Meeting Parking \$22</p> <p>12 b Amount \$22</p>

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)</p> <p>Name National Investments</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 737 North Michigan Avenue</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60611</p>	<p>14 a Nature of payment</p> <p>Summer 2004 - Baseball Ticket \$103 78</p>
<p>13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant ?</p>	<p>14 b Amount of payment \$104</p>

Name of Person Filing James Hogan

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Local 714 IBT Health and Welfare Fund

Trade Name if any

P O Box Bldg Room No if any

Street 6815 West Roosevelt Road

City Berwyn

State Illinois

ZIP Code + 4 60402

9 Business deals with

☒ a Labor Organization

b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Labor Trustee for the Referenced Fund

11 b Approximate dollar value of such dealing

\$0

12 a Nature of interest held or income received

Various/2004 Reimbursement for Trustee Meeting
Parking 109Various/2004 - Meals with Employer Trustee and
Attorney \$100 34

12 b Amount

\$209

Name of Person Filing James Hogan	File Number U
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Sacks Goreczny Maslanka & Costello P C</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any Suite 804</p> <p>Street 100 West Monroe Street</p> <p>City Chicago</p> <p>State Illinois ZIP Code + 4 60603</p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employee's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p>Union Attorneys</p> <hr/> <p>11 b Approximate dollar value of such dealing \$184 983</p> <hr/> <p>12 a Nature of interest held or income received</p> <p>December 2004 Christmas Gift - \$50 00</p> <hr/> <p>12 b Amount \$50</p>

Name of Person Filing James Hogan

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Law Offices of Marvin Sacks

Trade Name if any

P O Box Bldg Room No if any Suite 804

Street 100 West Monroe Street

City Chicago

State Illinois ZIP Code + 4 60603

9 Business deals with

☒ a Labor Organization

☐ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

11 a Nature of such dealing

Union Attorney

11 b Approximate dollar value of such dealing \$31 635

12 a Nature of interest held or income received

December 2004 - Christmas Gift \$50 00

12 b Amount \$50

Name of Person Filing James Hogan	File Number U
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Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <u>Reicin Pollack & Co Ltd</u></p> <p>Trade Name, if any _____</p> <p>P.O. Box Bldg. Room No. if any <u>Suite 430</u></p> <p>Street <u>2150 East Lake Cook Road</u></p> <p>City <u>Buffalo Grove</u></p> <p>State <u>Illinois</u> ZIP Code + 4 <u>60089</u></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p>b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked, give trust or employer's name</p> <p>Name _____</p> <p>Trade Name, if any _____</p> <p>P.O. Box Bldg. Room No. if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11 a Nature of such dealing</p> <p><u>Union Auditors</u></p> <hr/> <p>11 b Approximate dollar value of such dealing <u>\$53,896</u></p> <hr/> <p>12 a Nature of interest held or income received</p> <p><u>Summer 2004 2 Baseball Tickets and Food - \$284.00</u></p> <p><u>December 2004 - Christmas Gift - \$100.00</u></p> <hr/> <p>12 b Amount <u>\$384</u></p>

Name of Person Filing James Hogan

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Jacobs Burns Orlove Stanton & Hernandez

Trade Name if any

P O Box Bldg Room No if any Suite 1720

Street 122 South Michigan Avenue

City Chicago

State Illinois

ZIP Code + 4 60603-6145

9 Business deals with

☐ a Labor Organization☒ b Trust

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Local 714 IBT Health and Welfare Fund

Trade Name if any

P O Box Bldg Room No if any

Street 6815 West Roosevelt Road

City Berwyn

State Illinois

ZIP Code + 4 60402

11 a Nature of such dealing

Fund Attorney

11 b Approximate dollar value of such dealing

\$17 874

12 a Nature of interest held or income received

11/29/04 - Meal \$169 00

12 b Amount

\$169

Name of Person Filing James Hogan	File Number U
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Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name if any)</p> <p>Name Leahy & Associates Inc</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 3 Westbrook Corporate Center</p> <p>City Westchester</p> <p>State Illinois ZIP Code + 4 60154</p>	<p>9 Business deals with</p> <p><input type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>												
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name Local 714 IBT Health and Welfare Fund</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street 6815 West Roosevelt Road</p> <p>City Berwyn</p> <p>State Illinois ZIP Code + 4 60402</p>	<p>11 a Nature of such dealing</p> <p>Third Party Claims Administrator</p> <hr/> <p>11 b Approximate dollar value of such dealing \$78 839</p> <hr/> <p>12 a Nature of interest held or income received</p> <table border="0"> <tr> <td>Summer 2004</td> <td>8 Baseball Tickets</td> <td>\$320 00</td> </tr> <tr> <td>Fall 2004</td> <td>2 Football Tickets</td> <td>\$200 00</td> </tr> <tr> <td colspan="2">(Estimated)</td> <td></td> </tr> <tr> <td>December 2004</td> <td>Christmas Gift</td> <td>\$117 50</td> </tr> </table> <hr/> <p>12 b Amount \$638</p>	Summer 2004	8 Baseball Tickets	\$320 00	Fall 2004	2 Football Tickets	\$200 00	(Estimated)			December 2004	Christmas Gift	\$117 50
Summer 2004	8 Baseball Tickets	\$320 00											
Fall 2004	2 Football Tickets	\$200 00											
(Estimated)													
December 2004	Christmas Gift	\$117 50											

Name of Person Filing James Hogan	File Number U
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Part C Continuation Page

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name Jacobs Burns Orlove Statton & Hernandez Trade Name if any _____ P O Box Bldg Room No if any Suite 1 '20 _____ Street 122 South Michigan Avenue City Chicago State <u>Illinois</u> ZIP Code + 4 <u>60603 6145</u>	14 a Nature of payment 12/06/04 Christmas Gift \$30 00
13 b Is the Business an Employer <input checked="" type="checkbox"/> or (onsultant <input type="checkbox"/> ?	14 b Amount of payment \$30

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment _____
13 b Is the Business an Employer <input type="checkbox"/> or (onsultant <input type="checkbox"/> ?	14 b Amount of payment _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14 a Nature of payment _____
13 b Is the Business an Employer <input type="checkbox"/> or (onsultant <input type="checkbox"/> ?	14 b Amount of payment _____